

Name  
In  
Full

Jane Addison

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

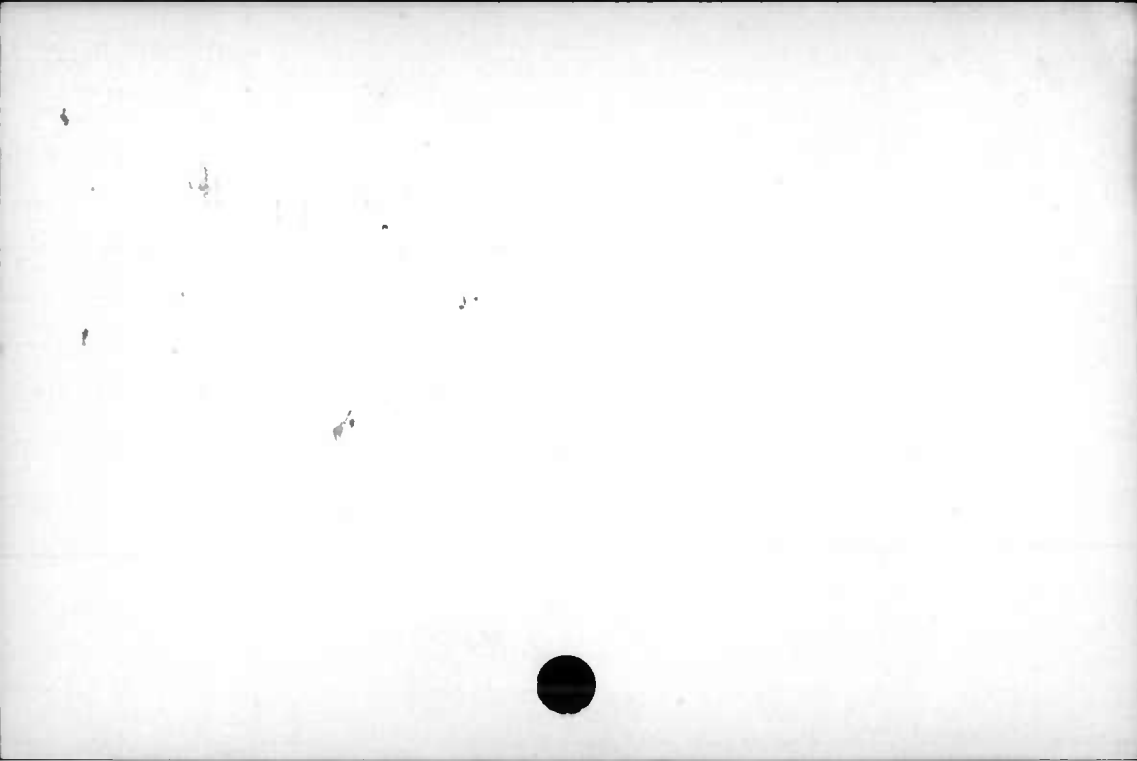
Died at		Town Near Laytonsville		County Montgomery		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		Nov	20	Age 65			
Sex Female		Color or Race Colored		Birth- place Montgomery Co			
Occupation House work when able				Where Residing if not at place of death			
Married, Single or Widowed		widowed		Name of Wife or Husband David Addison			
Father's Name		Hestley Pratter		Fether's Birthplace		Montgomery Co	
Mother's Maiden Name		Hester Hall		Mother's Birthplace		" "	
Name of person giving In formation		James R Hallace		How related to deceased		Nephew	

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	Arterio Sclerosis	How long	Several years
Immediate	Cerebral Hemorrhage	How long	about 24 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		W. H. Dyson	
Address		Laytonsville Montgomery Co	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

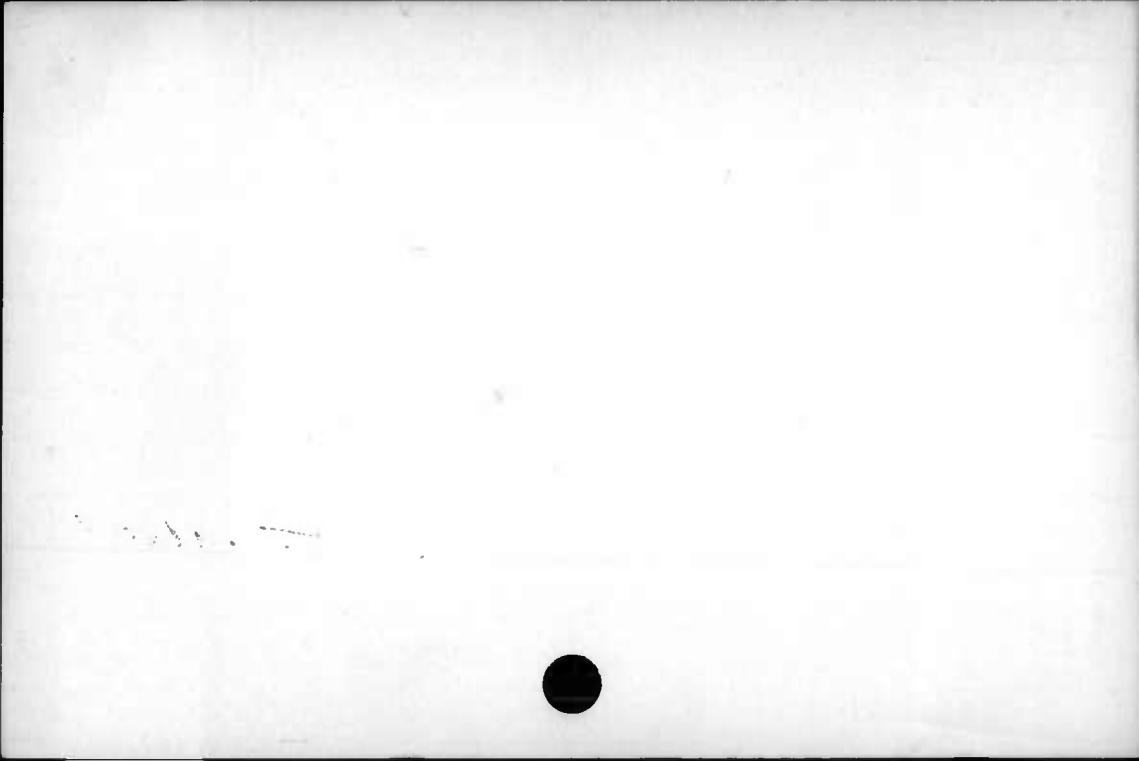
Died at <i>near Bethesda</i>		Town <i>Montgomery</i>		County		MARYLAND							
Date of death <i>1907</i>		Month <i>11</i>		Day <i>30</i>		Age <i>30</i>		Years		Months		Days	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Maryland</i>									
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Montrose Md.</i>											
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>B. Lane Anderson</i>											
Father's Name <i>Joseph Anderson</i>		Father's Birthplace <i>Maryland</i>											
Mother's Maiden Name <i>Louisa Sprigg</i>		Mother's Birthplace <i>Maryland</i>											
Name of person giving information <i>Joseph H. Sprigg</i>		How related to deceased <i>Father</i>											

## CAUSES OF DEATH

166

PHYSICIAN  
OR CORONER

Primary <i>Killed by Collision car</i>		How long <i>Instant death</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Edward Anderson M.D.</i>	
		Address	
Accident or Suicide? <i>Accident</i>			



Name  
in  
Full

Rose Austin

CERTIFICATE OF DEATH

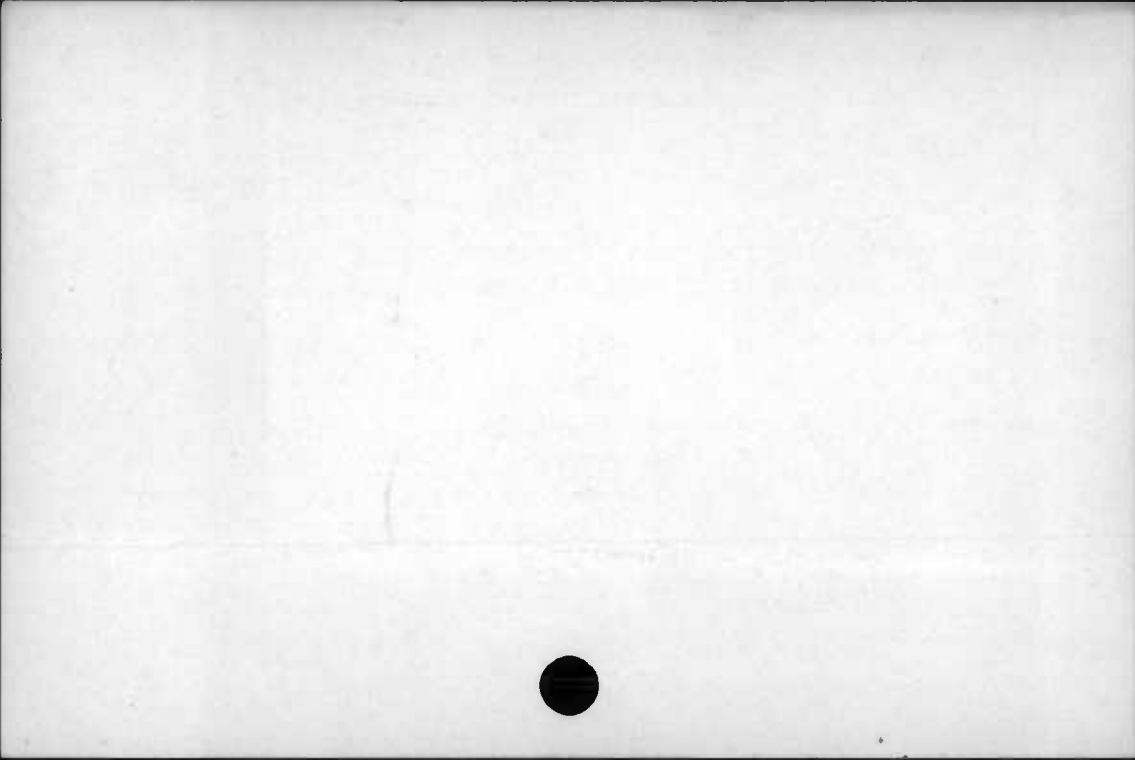
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Bryds</u> <sup>Town</sup>		<u>Montgomery</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1907</u> <sup>Month</sup>	<u>Nov</u> <sup>Day</sup>	<u>27</u> <sup>Age</sup>	<u>17</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Buck Lodge Md</u>
Occupation	<u>School girl</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Single</u>		Name of Wife or Husband <u>—</u>		
Father's Name	<u>Joe Austin</u>			Father's Birthplace	<u>Back Lodge Md</u>
Mother's Maiden Name	<u>Rose Johnson</u>			Mother's Birthplace	<u>Danvers</u>
Name of person giving information	<u>Joe Austin</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Typhoid Fever</u>	How long	<u>Two weeks</u>
Immediate	<u>Acute Bright's disease</u>	How long	<u>Two weeks</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>J. H. Stewart</u>	
Address		<u>Boarnessville Md</u>	
Accident or Suicide?			



Name  
in  
Full

Patrick Carvel

## CERTIFICATE OF DEATH

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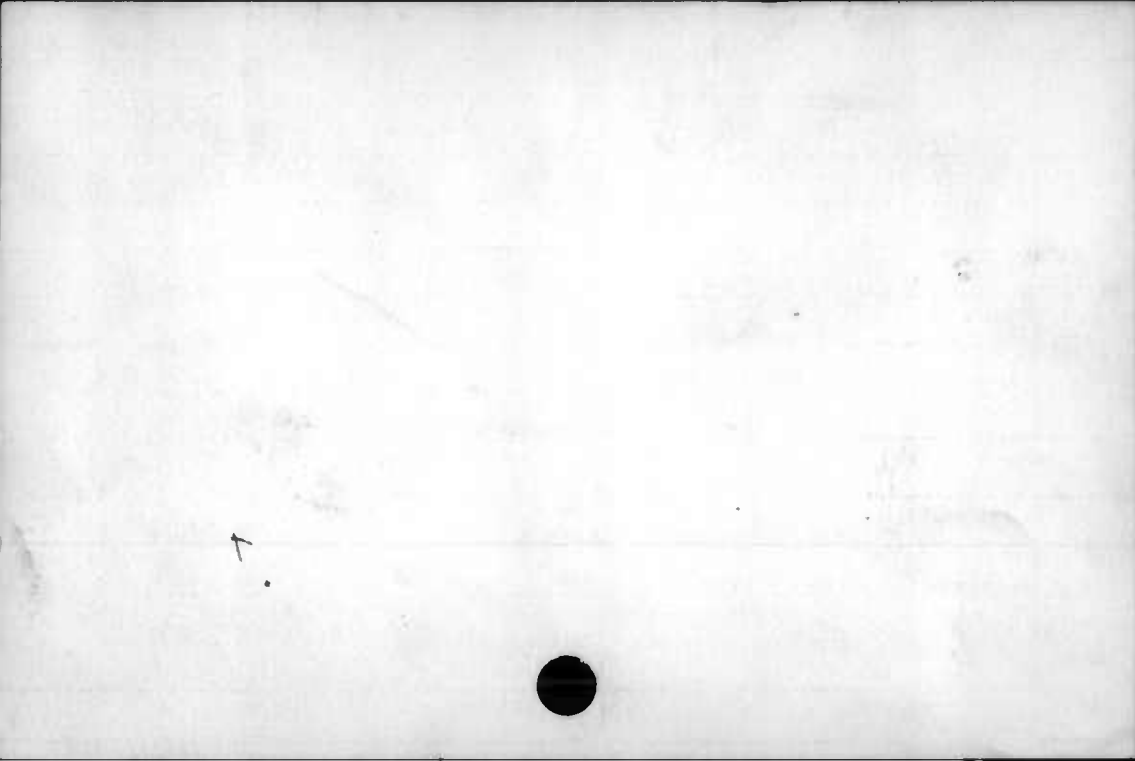
Died at		Town Stunting Hill		County Montgomery		MARYLAND		
Date of death		1907	Month Nov	Day 25	Age 89 ?	Years ?	Months —	Days —
Sex Male		Color or Race White		Birth- place Ireland				
Occupation Laborer				Where Residing if not at place of death				
Married, Single or Widowed		Widower		Name of Wife or Husband Unknown				
Father's Name		Unknown Carvel				Father's Birthplace Ireland.		
Mother's Maiden Name		Unknown				Mother's Birthplace Ireland.		
Name of person giving In formation		Lincoln Duval				How related to deceased None		

## CAUSES OF DEATH

145

PHYSICIAN  
OR CORONER

Primary		On ulcer of leg		How long 8 weeks	
Immediate		Exhaustion		How long 4 days	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Clairborne H. Mannat.	
				Address	
Accident or Suicide?					





Name

in  
Full

## CERTIFICATE OF DEATH

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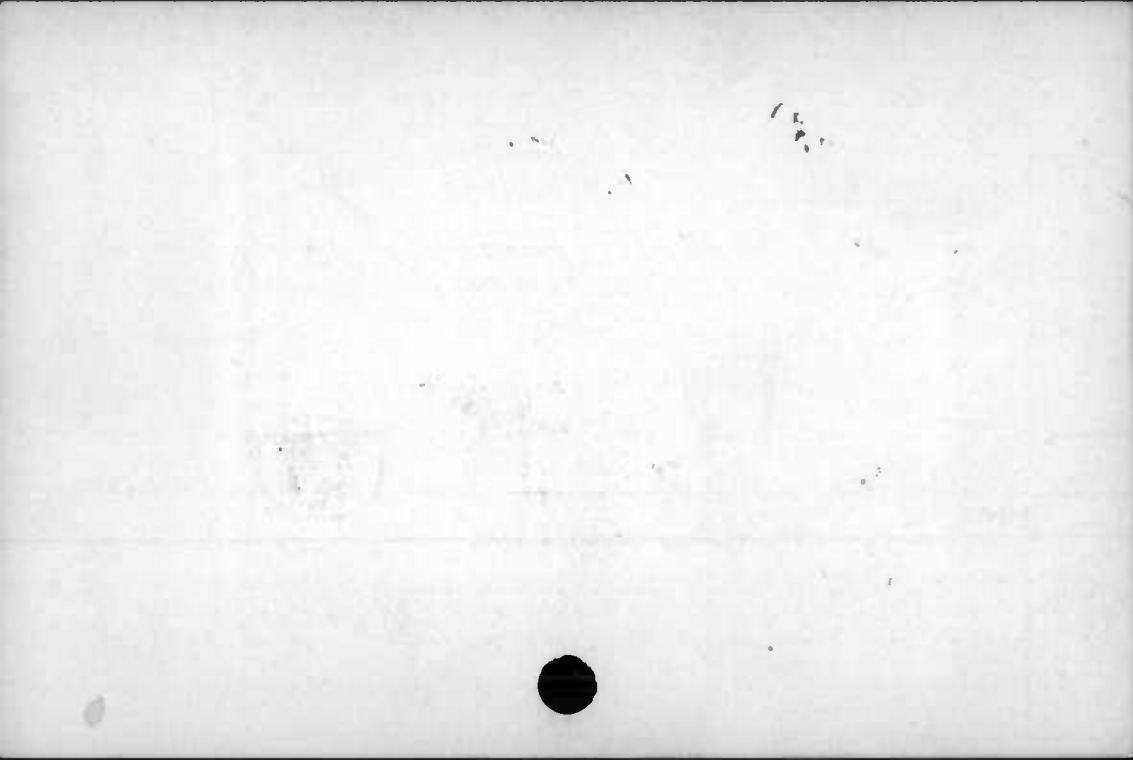
Died at <i>Groves Case</i>		County <i>Montgomery</i>		MARYLAND	
Died at <i>Quiner Orchard</i>		Age <i>24</i>		Months <i>9</i> Days <i>3</i>	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>25</i>	Years <i>24</i>	Months <i>9</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace <i>Ind</i>			
Occupation <i>Farm hand</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>unknown</i>	Father's Birthplace				
Mother's Maiden Name <i>Mary Case</i>	Mother's Birthplace				
Name of person giving information <i>Lillie Schwartzbach</i>	How related to deceased				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	<i>6 weeks</i>
Immediate	<i>" "</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E H Etchison</i>	
		Address <i>Gaithersburg Md</i>	
Accident or Suicide?			



Name  
in  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Buck Lodge</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i> <sup>Month</sup> <i>Nov</i> <sup>Day</sup> <i>10</i>		Age <i>—</i> <sup>Years</sup>		Months <i>—</i> Days <i>4</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Buck Lodge Md</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Richard E. Garby</i>		Father's Birthplace <i>Buck Lodge Md</i>			
Mother's Maiden Name <i>Johnnie Whitaker</i>		Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Ch. Hutton</i>		How related to deceased <i>Not related</i>			

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Pneumonia</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Hutton</i>
<i>Barnesville</i>	Address <i>Ind</i>
Accident or Suicide?	



Name  
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Full

Martha Dawson

## CERTIFICATE OF DEATH

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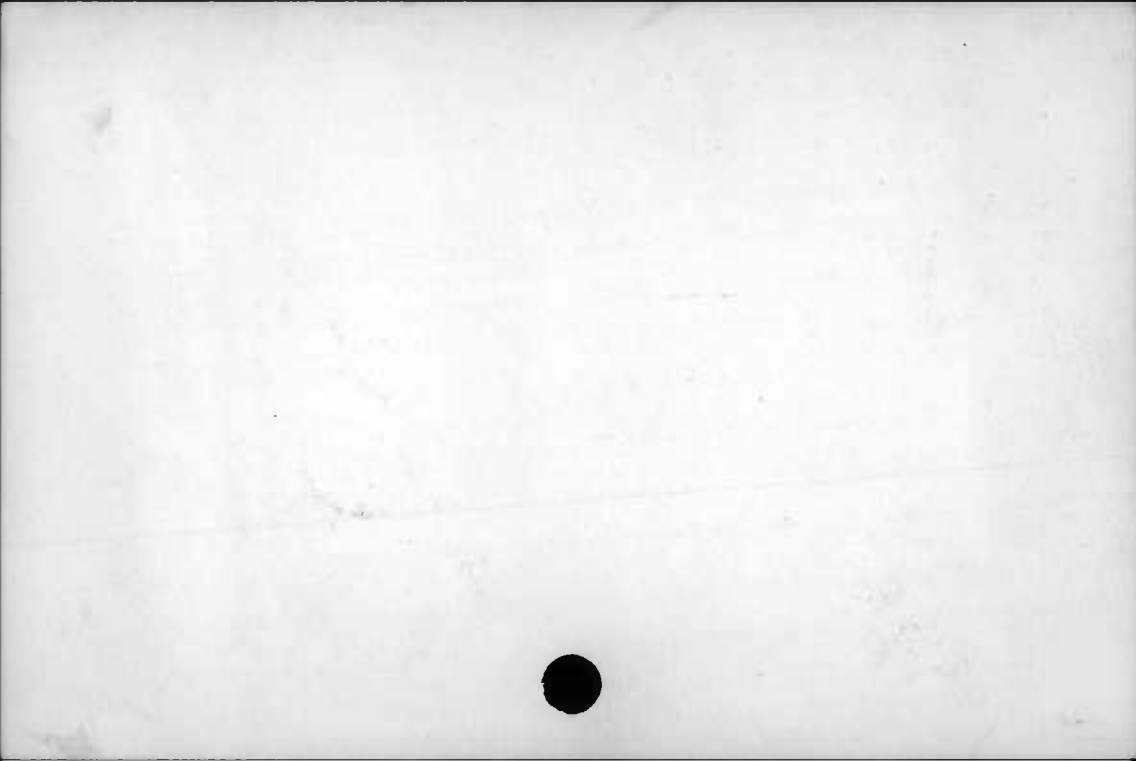
Died at <u>Rockville</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>Nov.</u> <small>Month</small>	<u>27</u> <small>Day</small>	Age <u>28</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>VA</u>		
Occupation <u>Dressmaking</u>	Where Residing if not at place of death <u>Wash. D.C.</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Dawson</u>	Father's Birthplace <u>Dawson</u>				
Mother's Maiden Name <u>Lizzie Dawson</u>	Mother's Birthplace <u>VA</u>				
Name of person giving information <u>Lizzie Dawson</u>	How related to deceased <u>Sister</u>				

## CAUSES OF DEATH

199

PHYSICIAN  
OR CORONER

Primary	<u>Pulmonary Abscess</u>	How long	<u>3 weeks</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. M. Luthraim</u>	
		Address <u>Rockville Md</u>	
Accident or Suicide?			



Name  
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Full

Rachael Dean

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

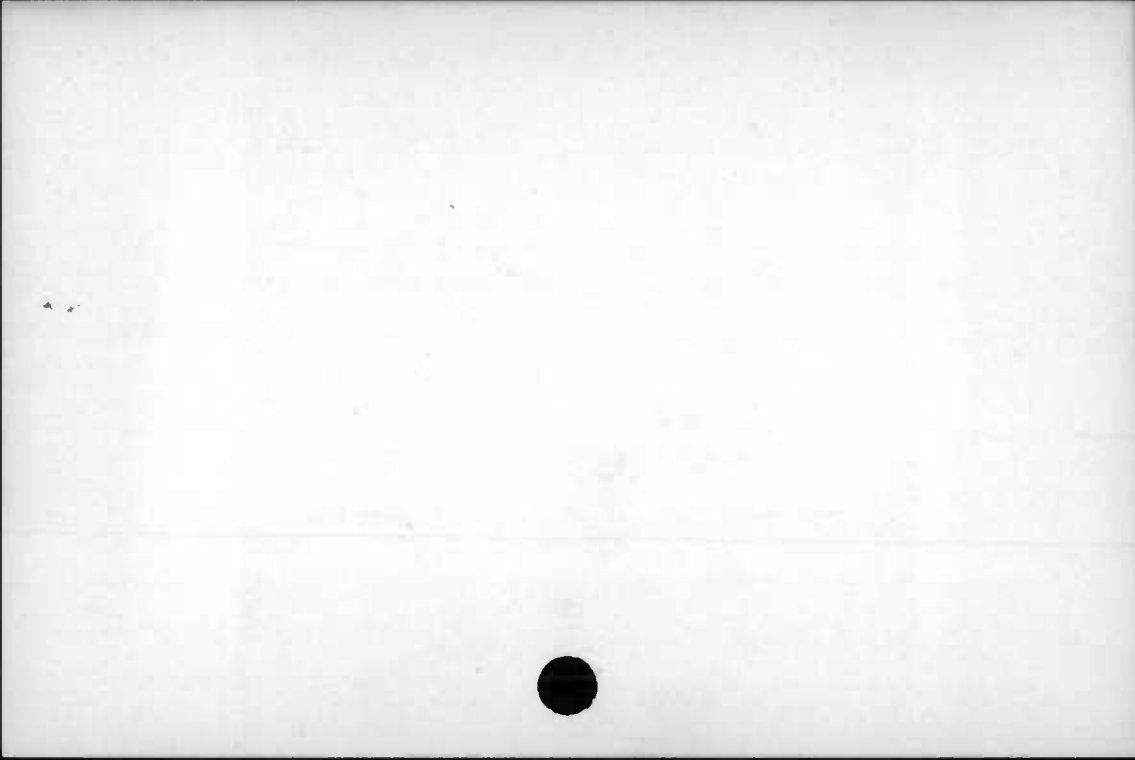
Died at <i>River Road</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1907</i>	Month <i>11</i>	Day <i>8</i>	Years <i>84</i>	Months <i>6</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth place <i>Montg. Co. Md.</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>✓</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Thomas Dean</i>				
Father's Name <i>Sam'l Sharmather</i>	Father's Birthplace <i>Penn'a</i>		Mother's Birthplace <i>Penn'a</i>		
Mother's Maiden Name <i>Ellis</i>	How related to deceased <i>Son</i>				
Name of person giving information <i>Charles T. Dean</i>					

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary <i>old age</i>	How long <i>✓</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Lewis M.D.</i>
	Address <i>Bethesda, Md.</i>
Accident or Suicide? <i>no</i>	





Name  
in  
Full

Benton Dublin

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

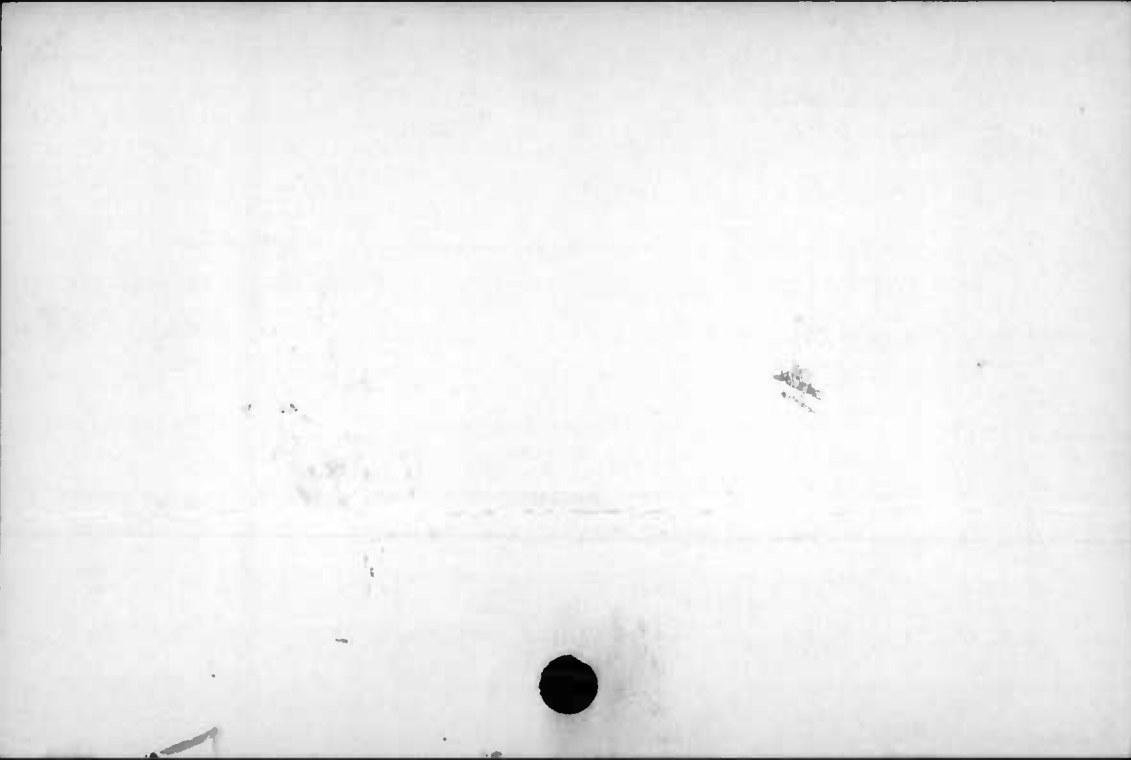
Died at <i>Burtons</i> Town		County <i>Maryland</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>11</i>	Age <i>73</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth place <i>Burtonsville Md</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Rayon Dublin</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace		
Name of person giving information <i>Harry Dublin</i>			How related to deceased <i>Nephew</i>		

## CAUSES OF DEATH

1154

PHYSICIAN  
OR CORONER

Primary <i>General debility</i>	How long <i>2 years</i>
Immediate <i>Heart failure</i>	How long <i>4 or 5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Burton</i>
	Address <i>Spencerville Md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

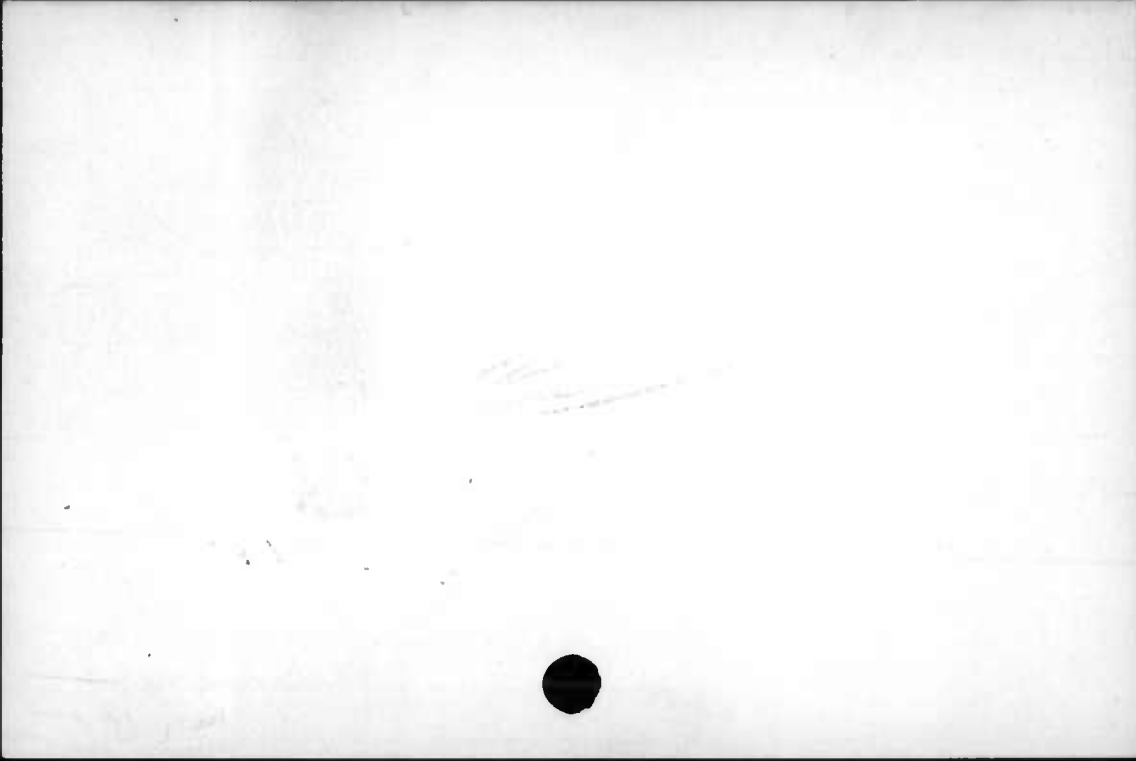
Died at		Town <i>Wheaton</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Date of death	1907	Month <i>Nov</i>	Day <i>26</i>	Age <i>77</i>	Years	Months <i>6</i>	Days
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth- place	<i>Pa</i>
Occupation	<i>None</i>			Where Residing if not at place of death			<i>Same</i>
Married, Single or Widowed	<i>Widow</i>		Name of Wife or Husband <i>James Freeman</i>				
Father's Name	<i>Husband</i>					Father's Birthplace	<i>Pa</i>
Mother's Maiden Name	<i>Freemason</i>					Mother's Birthplace	<i>Pa</i>
Name of person giving In formation	<i>John Mathias</i>					How related to deceased	<i>Son-in-law</i>

CAUSES OF DEATH

**79**

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart disease</i>		How long	<i>3 years</i>
Immediate	<i>Acute Indigestion</i>		How long	<i>2 or 3 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>Engel Jones</i>	
			Address <i>Rockingham Md</i>	
Accident or Suicide?				



Name

in  
Full

## CERTIFICATE OF DEATH

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NEAREST FRIEND

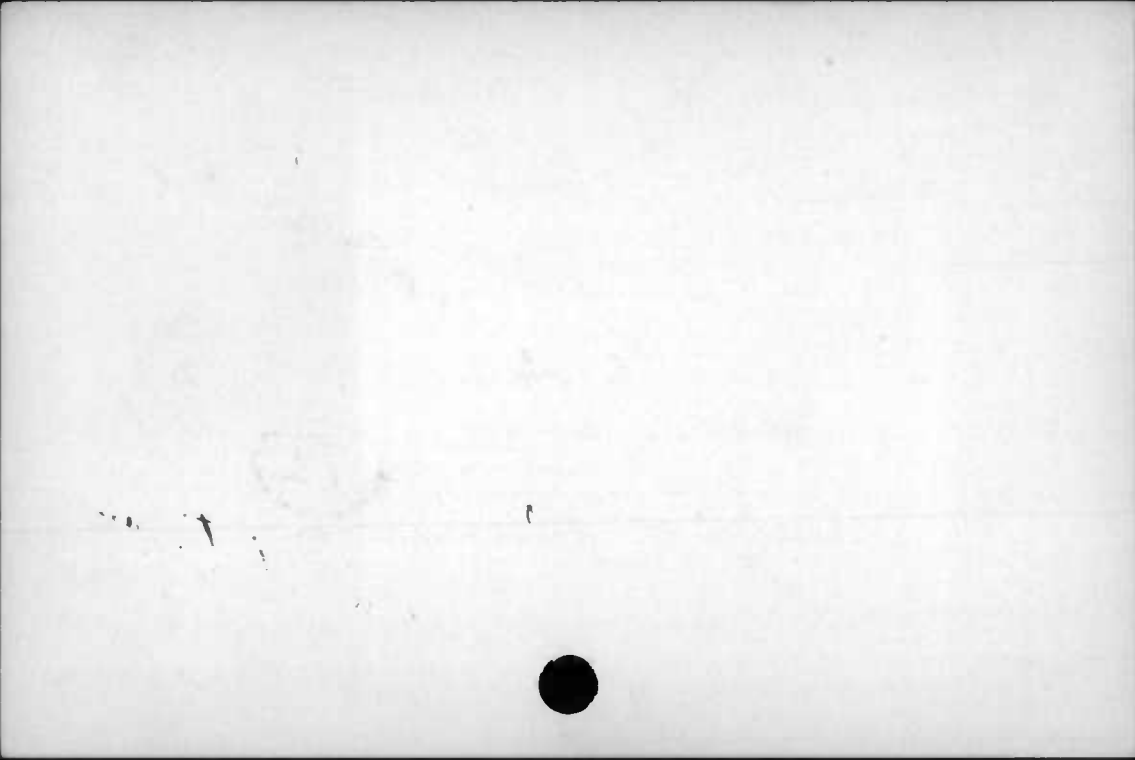
Name in Full <i>Geo. Traylar</i>		Town <i>St. Michaels</i>		County <i>Montg</i>		MARYLAND	
Died at <i>St. Michaels</i>		Month <i>11</i>		Day <i>21</i>		Age <i>7</i>	
Date of death <i>1907</i>		Month <i>11</i>		Day <i>21</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Coloured</i>		Birth-place <i>Ind</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Grant Traylar</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Mary Johnson</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Sinta Traylar</i>		How related to deceased <i>Grandmother</i>					

## CAUSES OF DEATH

72

PHYSICIAN  
OR CORONER

Primary <i>Injured by glass</i>	How long <i>&gt; 7 days</i>
Immediate <i>Petanus</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Etchison</i>
	Address <i>St. Michaels</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

George Gaither

Town

County

MARYLAND

Died at near Rockville

Montgomery

Date

Month

Day

Age

Years

Months

Days

of death 1907

11

16

52

3

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

• / / / /





Name  
in  
Full

CERTIFICATE OF DEATH

*Richard Hall*

TO BE ANSWERED BY  
NEAREST FRIEND

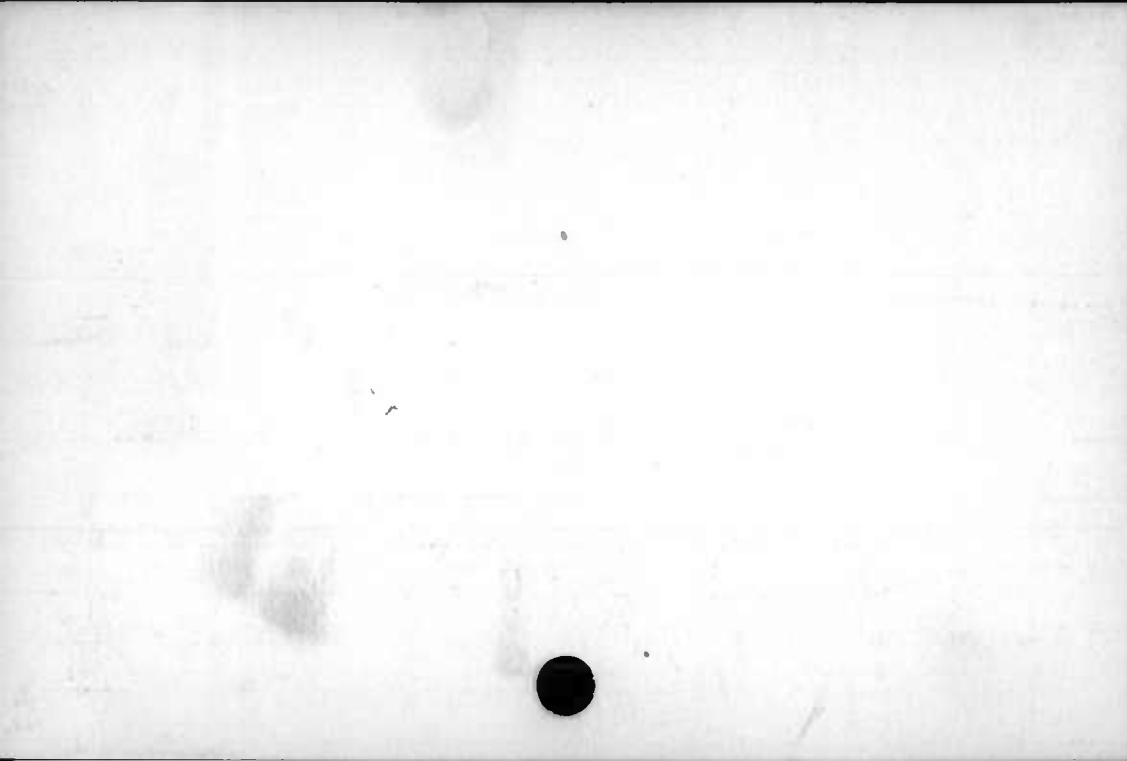
Died at <i>Roadville</i> <small>Town</small>		<i>Montgomery</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>11</i> <small>Month</small>	<i>1</i> <small>Day</small>	Age <i>40</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>0</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>MD</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>-</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Courney</i>				
Father's Name <i>Douglas</i>	Father's Birthplace <i>South Carolina</i>				
Mother's Maiden Name <i>Douglas</i>	Mother's Birthplace <i>South Carolina</i>				
Name of person giving information <i>-</i>			How related to deceased <i>wife</i>		

CAUSES OF DEATH

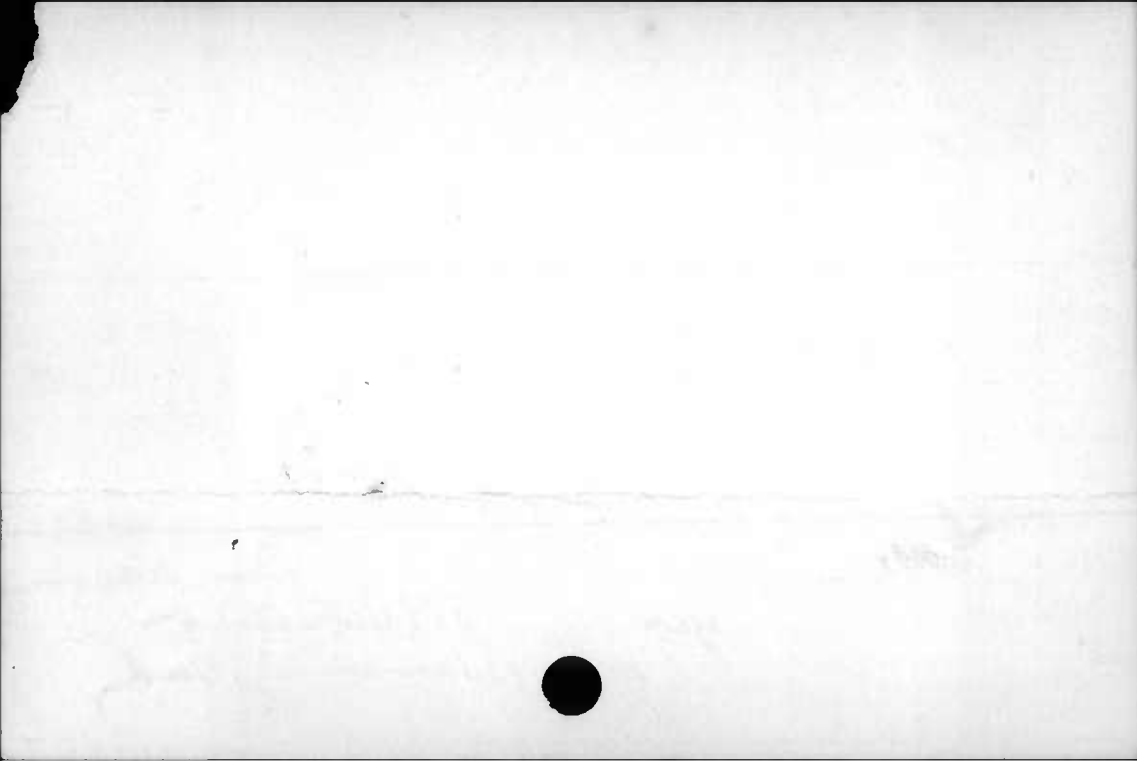
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PHYSICIAN  
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>6 weeks</i>
Immediate <i>St. Louis Sanitary Ham</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. J. H. ...</i>
	Address <i>Roadville MD</i>
Accident or Suicide?	



Name in Full <b>John Edward Johnson</b>		CERTIFICATE OF DEATH	
Died at <b>Mt. Zion</b> <sup>Town</sup>		<b>Boulgoury</b> <sup>County</sup>	
Date of death <b>1907 Nov. 9</b>		Age <b>76</b>	
Sex <b>Male</b>		Color or Race <b>Colored</b>	
Occupation <b>Laborer</b>		Where Residing if not at place of death	
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Sarah E. Johnson</b>	
Father's Name <b>Jerry Johnson</b>		Father's Birthplace <b>Md.</b>	
Mother's Maiden Name <b>Sarah Johnson</b>		Mother's Birthplace <b>Md.</b>	
Name of person giving information <b>Sarah E. Johnson</b>		How related to deceased <b>Wife</b>	
CAUSES OF DEATH			
Primary <b>Pulmonary Tuberculosis</b>		How long <b>About one year</b>	
Immediate <b>Asthma</b>		How long	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Chas. Farguhar</b>	
		Address <b>Ches.</b>	
		<b>Md.</b>	
Accident or Suicide?			



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mrs. Henry C. Lawson</i>		Town <i>Dickerson</i>		County <i>Montgomery</i>		State <i>MARYLAND</i>	
Died at <i>Dickerson</i>		Month <i>Nov</i>		Day <i>8</i>		Years <i>55</i>	
Date of death <i>1907</i>		Month <i>Nov</i>		Day <i>8</i>		Years <i>55</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
Occupation <i>Prayer</i>		Where Residing if not at place of death <i>Dickerson</i>					
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <i>Henry C. Lawson</i>					
Father's Name <i>John T. Guinness</i>		Father's Birthplace <i>Ind.</i>					
Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>—</i>		How related to deceased <i>Son</i>					

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Myocardial Regurgitation</i>	How long <i>Six months</i>
Immediate <i>Pneumonia</i>	How long <i>Four days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Stonestreet</i>
	Address <i>Barnesville Ind</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Rockville</i> <sup>Town</sup>		<i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	11	Day	26
Age	74	Years		Months	9
Sex	Male	Color or Race	Colored	Birth-place	Maryland
Occupation	Laborer		Where Residing if, not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Unknown		Father's Birthplace		
Mother's Maiden Name	Unknown		Mother's Birthplace		
Name of person giving information	William Rabbitt		How related to deceased		
			Not at all		

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary tuberculosis</i>	How long	<i>Five years</i>
Immediate	<i>Emphysema</i>	How long	<i>One week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>Edward Anderson M.D.</i>	
		Address	
		<i>Rockville, Md.</i>	
Accident or Suicide?			

7-7-71





Name

in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

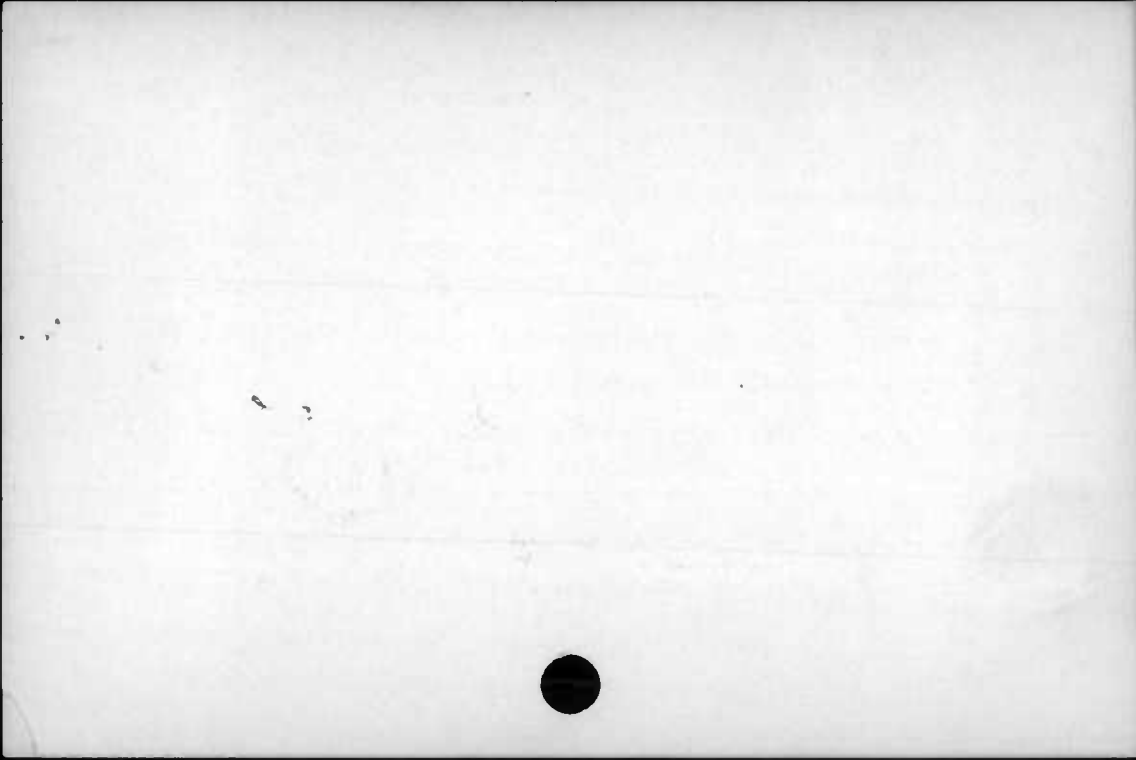
Died at <i>Yanthersburg</i> Town <i>Montg</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>19</i>	Age <i>67</i> Years
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Md</i>	Months <i>5</i> Days
Occupation <i>Preacher</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Alice Lodge</i>		
Father's Name <i>Johnathan Lodge</i>	Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Mary D. Wall</i>	Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>Alice Lodge</i>	How related to deceased <i>Wife</i>		

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 years</i>
Immediate <i>"</i>	How long <i>1 hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. C. Elchison</i>
	Address <i>Yanthersburg Md.</i>
Accident or Suicide?	



Name  
in  
Full

Louisa H Mabley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

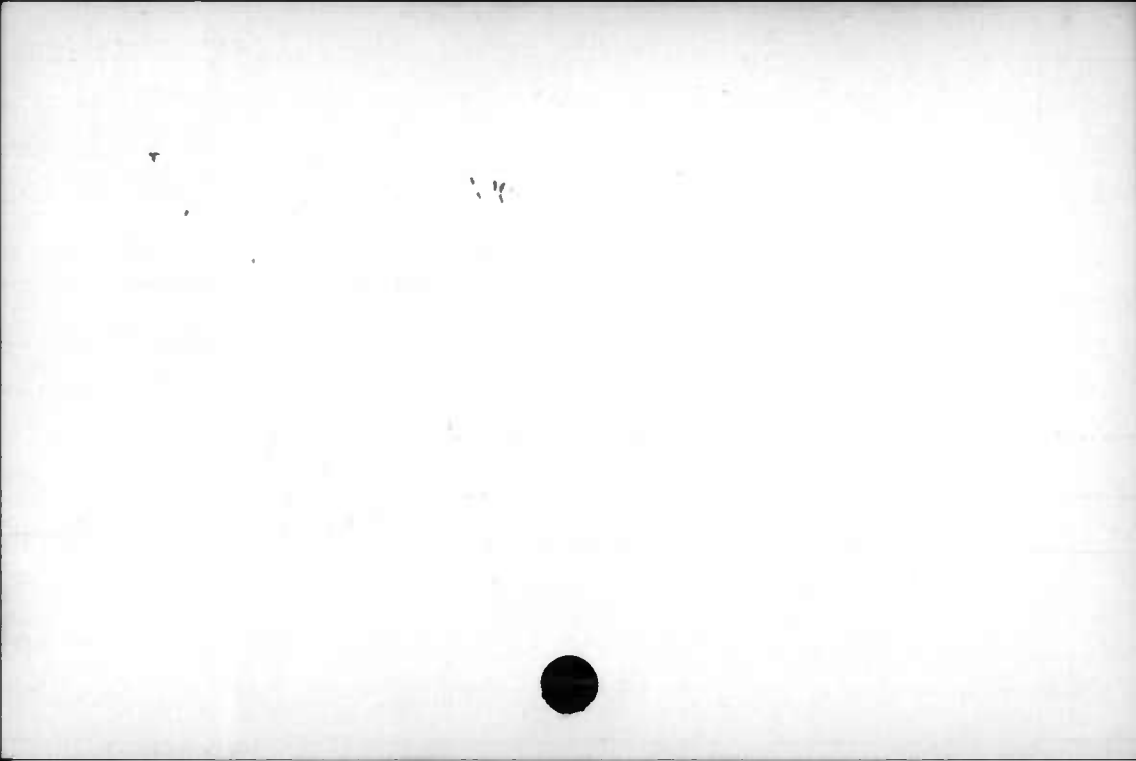
Died at		Town Laytonville		County Montgomery		MARYLAND	
Date of death	1907	Month Feb	Day 14	Age 62	Years	Months 7	Days 22
Sex	Female		Color or Race	White		Birth- place	Montgomery Co
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband Jm B Mabley				
Father's Name	Walter Griffith				Father's Birthplace	Montgomery Co	
Mother's Maiden Name	Mary H Riggs				Mother's Birthplace	Montgomery Co	
Name of person giving In formation	William B Mabley				How related to deceased	Husband	

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	Chronic Nephritis		How long	about 3 yrs
Immediate	Stereo Cardia		How long	" 9 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		V H Dyson		
Address		Laytonville Montgomery Co		
Accident or Suicide?				



Name  
in  
Full

Robert Proctor

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Poolersville

County

Montgomery

MARYLAND

Date of death 1907 <sup>Month</sup> 11 <sup>Day</sup> 3Age 45 <sup>Years</sup>

Months

Days

Sex maleColor or  
RaceNegroBirth-  
placePoolersville Md.

Occupation

Day laborer in farmWhere Residing if not  
at place of deathMarried, single  
or widowedName of Wife or  
HusbandSarah ProctorFather's  
NameHenry ProctorFather's  
BirthplaceMother's  
Maiden NameunknownMother's  
BirthplaceName of person giving  
informationPhysicianHow related  
to deceased

## CAUSES OF DEATH

Primary

Typhoid fever

How long

5 weeks

Immediate

Prothemia General weakness  
after fever had left

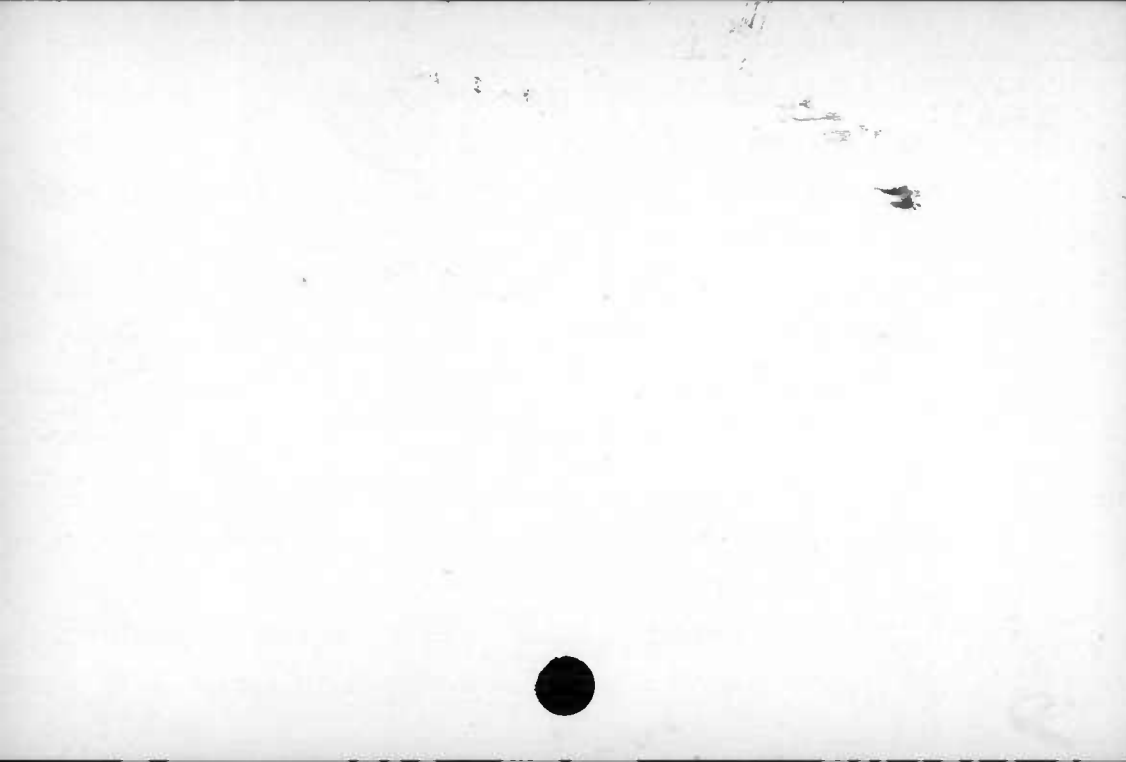
How long

Are the name, age, sex, color, date  
and place correctly given above?yesSignature of  
PhysicianH. D. House M.D.

Address

Danversville MdPHYSICIAN  
OR CORONER

Accident or Suicide?



Name  
in  
Full

Katherine B. Sadler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

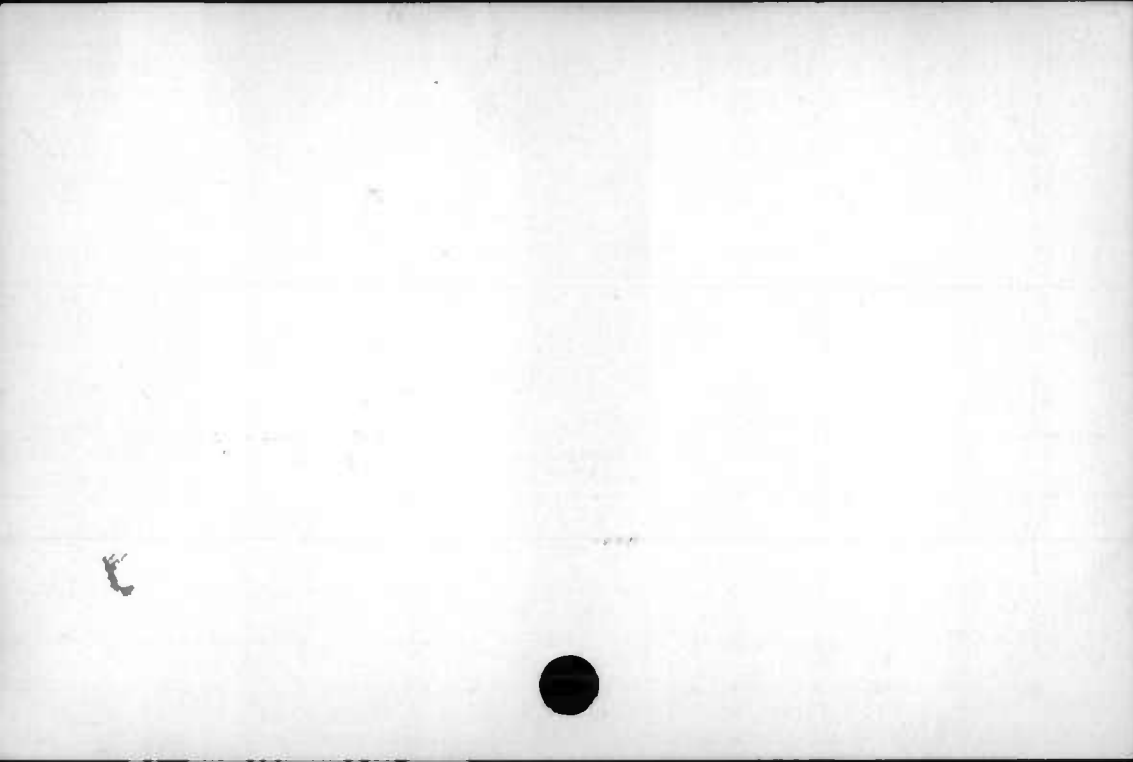
Died at <i>Her Montrose</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death <i>1907</i>	Month <i>11</i>	Day <i>24</i>	Age <i>—</i>	Years <i>—</i>	Months <i>2</i>	Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>VA</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>VA</i>					
Married, Single or Widowed <i>X</i>		Name of Wife or Husband <i>X</i>					
Father's Name <i>John C. Sadler</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Emma B. Sadler</i>		Mother's Birthplace <i>VA</i>					
Name of person giving information <i>W. R. Pumpkins</i>		How related to deceased <i>None</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Inanition. (premature birth)</i>	How long <i>all life</i>
Immediate <i>Exhaustion.</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. M. Smith</i>
	Address <i>Rockville Md</i>
Accident or Suicide?	





Name  
in  
Full

Hattie Tyler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Martinsburg</i> <sup>Town</sup> <i>Montgomery</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>November</i>	Day <i>26</i>	Age <i>6</i> Years Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Martinsburg</i>	
Occupation <i>—</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>John Tyler</i>	Father's Birthplace <i>Fredricks</i>		
Mother's Maiden Name <i>Martina Bettus</i>	Mother's Birthplace <i>Podlesville</i>		
Name of person giving information <i>John Tyler</i>	How related to deceased <i>father</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. L. Holt sub-reg</i>
	Address <i>Podlesville</i>
	<i>Ind</i>
Accident or Suicide? <i>—</i>	

